



USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

# FEE TRANSMITTAL

## For FY 2005

(Reflects USPTO filing fees in effect from 12/\_\_\_/04)

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 180.00

### Complete if Known

Application Number	10/713,208-Conf. #5854
Filing Date	November 17, 2003
First Named Inventor	Jian Ni
Examiner Name	P. Huynh
Art Unit	1644
Attorney Docket No.	PF381C1D1

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order  
☒ Deposit Account ☐ None

Deposit Account Number: 08-3425  
Deposit Account Name: Human Genome Sciences, Inc.

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

### FEE CALCULATION

#### 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

#### 1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

**Subtotal (1) and (1a.)** \$ 0.00

### FEE CALCULATION (continued)

#### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
13	- 20 =	x	= 0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 4 =	x	= 0.00

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<b>Subtotal (2)</b>	\$	0.00

#### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	180.00
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other:

**Subtotal (3)** \$ 180.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,512	Telephone	(301) 610-5764
Name (Print/Type)	Melissa J. Pytel	Date	Dec. 20, 2004		